

Parking Lot Items from the Focus Group Meetings

12/2/19-12/3/19

1. Jackson vs. Non-Jackson discrepancies in requirements. There is an additional layer for Jackson members.
2. Budget issues- teams request more hours than they need and then do not utilize them. This could be in part because there are limited providers. DDS- Currently there is a 90% utilization rate.
3. There are inconsistencies in auditing practices
4. AT- some "lifesaving" equipment is not covered by the MCO's.
 - Ex. care seats for adults
 - An aide will not lift someone over 50 lbs. without a Hoyer lift but who will pay for the Hoyer list?
5. Nursing- Some people in services who are their own guardian refuse a nursing assessment but when a crisis occurs the agency is penalized for honoring the person's wishes.
6. Staffing crisis
7. Brainstorm what happens when someone gets sick- ex. a clinic?
8. Need a pool of people for as needed services
9. Would like Medical CCS in home to come back
10. Recommend DDS bring back the 14-day Regional Office emergency approval for services
11. DDS needs a better phone line
12. The DDS website needs to be updated, have accurate info and forms
13. Bring back supported living-individual living in their own home

Written comments:

1. Currently there is the ability to move back and forth between the DD traditional waiver and the Mi Via waiver. The same is not true for the Medically Fragile Waiver. Once you transfer from the Medically Fragile Waiver you can never return. Can this be changed? With kids living longer now, it would be a wonderful option to return to the Medically Fragile Waiver if I became necessary.
2. Standards or procedural inconsistencies related to therapy provision.
 - JCM's baseline allocation 58 hours the 1st exception goes to clinical services the 2nd exception (over 72 hours) goes to clinical services and then up the chain of command
 - Non JCM's recommendations go to CORE (regarding approval) without limitations on the number of units (hours) recommended (with no intermediary auditor)
3. One of the messiest parts of the current standards is having all dates, like semi-annuals, nursing assessments, etc. based on the date of the ISP meeting. This makes it impossible to do any long-term planning for having these documents completed in a timely fashion. I understand, in theory, why it should be this way but in reality, it will continue to make for non-compliance in terms of the timeliness of those documents. If

they can't change that date, I wonder if they could require a longer notice from the CM of the meeting date. The way it's currently structured, if the CM actually sends out notice on 21 days prior to the meeting, it gives folks 7 days to meet the 14-day requirement. If they changed that notice to 30 days, at least you'd have a chance.